

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023755

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 170Primary Registration District No. ---Registrar's No. 138

FILED JUL 10 1962

## 1. PLACE OF DEATH

a. COUNTY

Laclede

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Washington T.S.Length of stay in 1b  
40 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Plato Star Rt.Inside Limits  
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Laclede

c. CITY OR TOWN Lebanon

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Plato Star Rt.Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Asberry

Walden

Park

4. DATE OF DEATH

Month

Day

Year

July

3

1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-29-04

## 9. AGE (last birthday)

57

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

JUDGE-LACLEDE COUNTY COURT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Laclede Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Samuel A. Park

## 13b. MOTHER'S MAIDEN NAME

Cora J. Jolley

## 14. NAME OF HUSBAND OR WIFE

Vera McMillen Park

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT

Mrs. Vera Park, Plato Str. Rt., Lebanon

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Adenocarcinoma Rectosigmoid Aug 1961

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Generalized Metastasis Aug 61

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☒ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from March 1956 to July 3, 1962 and last saw her alive on July 2, 1962.  
Death occurred at 1:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Paula Jentline M.D.

## (Degree or title)

## 22b. ADDRESS

Knight Bldg. Lebanon, Mo.

## 22c. DATE SIGNED

6 July 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

7-6-62

## 23c. NAME OF CEMETERY OR CREMATORY

White Oak Pond

## 23d. LOCATION (City, town, or county)

Lebanon, Laclede Co., Mo.

## (State)

## 24. FUNERAL DIRECTOR

J. J. Shadel

## ADDRESS

Lebanon, Mo.

## 25. DATE RECD. BY LOCAL REG.

7-6-1962

## 26. REGISTRAR'S SIGNATURE

Hella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1 0530  
2 0530  
3  
4 C  
5 1  
6  
7 0  
8 2  
9 154X  
10  
11  
12 90-0  
13 1-0

JUL 12 1962

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. L. McCann

Licensed Embalmer No. 2727

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.